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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.

Magdalene Cleaning Service LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C. LEWIS

JUN 23 2010

EXAMINER

H1000001457163

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MAGDALENE CLEANING SERVICE LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

7624 16TH ST. CT E
TALLEVAST, FLORIDA 34270

The mailing address of the Limited Liability Company is:

P.O. BOX 22
TALLEVAST, FLORIDA 34270

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

ERROL DARVILLE
7624 16TH ST. CT E
TALLEVAST, FLORIDA 34270

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x 

ERROL DARVILLE / Registered Agent's signature

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MAGDALENE CLEANING SERVICE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

ERROL DARVILLE SR.

P.O. BOX 22

TALLEVAST, FLORIDA 34270

MANAGING MEMBER

CHERYL SMITH

P.O. BOX 22

TALLEVAST, FLORIDA 34270

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.....
x Cheryl Smith

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

CHERYL SMITH